

## PARK RENTAL CUSTOMER SERVICE REPORT

The City of Martinsville Leisure Services & Facilities Department wishes to provide a Clean & Safe Environment for the city's residents and folks living in our surrounding areas. As a part of the continuing effort to better provide a place for outdoor relaxation and recreational enjoyment we would like to your input to improve the quality of the parks.

Please provide us with any information or suggestions that may enlighten us regarding the public's perception about our park facilities, prevailing problems, (if any) and to gather suggestions on improving park and recreational quality in Martinsville.

<b>PARK SHELTER:</b>	<b>DATE:</b>	<b>TIME:</b>
<b>Customer Name:</b>		
<b>Day Time Phone:</b>		<b>Email Address:</b>
<b>Was This Your First Time Renting A Park Shelter YES / NO</b>	<b>How Many Guests Were In Your Party:</b>	

### PARK EVALUATION

#### **Park Cleanliness:** (Grounds, Restrooms, Shelters, etc.)

**Very Good   Good   Average   Poor   Very Poor**

Nature of the Problem: \_\_\_\_\_  
\_\_\_\_\_

#### **Park Safety:** (Park Grounds, Shelter, Equipment and Parking Area.)

**Very Good   Good   Average   Poor   Very Poor**

Nature of the Problem: \_\_\_\_\_  
\_\_\_\_\_

#### **General Condition of Equipment:** (ie. Grills, Playground Equipment, Water Fountains, etc.)

**Very Good   Good   Average   Poor   Very Poor**

Nature of the Problem: \_\_\_\_\_  
\_\_\_\_\_

### CUSTOMER FEEDBACK

**WOULD YOU RENT A PARK SHELTER IN THE FUTURE? YES / NO**  
**IF NO, PLEASE STATE YOUR REASONS:**

\_\_\_\_\_  
\_\_\_\_\_

**Is there anything else you and/or your group would like to tell us about your experience:**

\_\_\_\_\_  
\_\_\_\_\_